



SUBJECT ACCESS REQUEST FORM

(Data Protection Act 1998 and other relevant legislation)

Please read the accompanying notes prior to completing this form

Please note – by completing this form you will receive only your health records held by the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Section 1 – Patient Details

Surname Previous Surname (if applicable) First Name (s) Date of Birth (DD/MM/YY) AddressPost Code Contact Tel.No:.....	If the patient's address used to be different from that given to the left during the period(s) that the patient was treated here for the records being requested, please give details below Hospital number (if known)
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Section 2 – Applicant Details (if different from above)

Surname	Forename(s)
Current Address	
.....	
Date of Birth	Telephone No:
Please tick (✓) which of the following applies:	
<input type="checkbox"/> I am the parent requesting these records on behalf of my child (Please enclose a photocopy of proof of parental responsibility i.e. parental responsibility order issued by the court or a photocopy of Childs full birth certificate)	
<input type="checkbox"/> I have been asked to act by the patient / client and attach the patient / client's written authorisation (If the subject is unable to provide written authorisation, please enclose a photocopy of proof power attorney/ court order)	
<input type="checkbox"/> I am requesting the records of a deceased patient (please enclose proof of appointment under Will or Grant of Probate and written confirmation of reason for request and part of record required)	

Section 3– Information Requested

Type of Request:

I wish to view the records personally at the Trust I wish to have a copy of the records sent to me
 I wish to receive a copy of my X-ray /Scan on CD (Please tick relevant box)

Please provide as much information as possible (e.g. Letter References / Clinic / Consultant / Dates Attended) and specify if you only require a particular part of your record.

Are you considering litigation against the Trust?

YES

NO

Section 4 – Declaration – Please sign in the presence of the person certifying your identity

I declare that the information given in this form is correct to the best of my knowledge and that (tick one box only)

- I am the patient/access subject named in Section 1
- I have been authorised to act by the patient/ access subject and have attached signed authorisation
- I am requesting the records of a deceased patient and have attached proof of my entitlement

I have read the attached notes and I have also provided all information and supporting documentation as shown in the checklist below.

Applicant's Signature*: Date

**The declaration should be signed in the presence of the person certifying your identity (section 5)*

Section 5 – Certification

PLEASE NOTE: This cannot be completed by a family member or a relative.

I (Full Name)

Profession: -

Address: -

certify that I have known for

..... years, as an employee/client/patient/friend/neighbour and that to the best of my belief the facts stated on this form are correct. I have witnessed the declaration being signed by the above.

Signed: Date: -

CHECKLIST Please tick as appropriate

Is your contact information correct?		Have you signed the declaration?	
Have you enclosed photocopies of the required proof of identification/authorisation documents? (we require proof of identity AND address)		Has your application been certified?	
Have you included consent from the patient if applicable?		Have you told us exactly what information you are requesting?	

Failure to complete the form and provide supporting documentation (please see guidance notes for details) may result in your application being returned to you, which will delay the process.

GUIDANCE NOTES FOR DATA PROTECTION SUBJECT ACCESS REQUESTS

These notes are intended as a guide to completing the RJAH Subject Access Request Form and not a guide to the Act itself.

Your Rights

The Data Protection Act 1998, which came into force on 1 March 2000, allows you to find out what information about you is held on computer and in certain manual records. This is known as the "right of subject access". As the 'holder' of your records the Trust is known as the 'data controller', and the patient/employee is known as the 'data subject' under the Act. The Act supersedes the previous rights of access for living patients under the Access to Health Records Act 1990.

Terms & Conditions

You are entitled to receive a copy but should note that there will be no charge made in line with legislation.

You should also be aware that in certain circumstances your right to see some details in your health records may be limited in your own interest or for other reasons. The Trust has a written procedure which allows patients (data subjects) to access their health records.

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out the search for your information in accordance with Section 7 of the Data Protection Act 1998. The Trust is only responsible for providing information which is held by us.

If your request indicates the release of information to a Third Party (e.g. a solicitor, insurance company or relative) a signed certified consent must be attached to the request form or other relevant proof of entitlement provided.

Proof of Identity

RJAH has a duty to keep information secure, and hence will only provide information to you if we are satisfied that you are the person entitled to receive it. Your application must be certified. The individual certifying your application must not be a family member.

All applicants must provide a photocopy of proof of identity (driving license, passport, or birth certificate), AND a photocopy of proof of address (utility bill or bank statement). Please note you must provide copies of BOTH of these documents in order for us to process your request.

Fees

From 25 May 2018 onwards no fees will be charged

Notes

- You do not need to give a reason to access your health records.
- Please provide as much information as possible.
- Please ensure that all information provided is accurate and up to date.
- **PLEASE REMEMBER TO INCLUDE APPROPRIATE PHOTOCOPIES OF BOTH PROOF OF ID AND ADDRESS WITH THIS FORM**
- Once the Trust has all the relevant information, the Trust has up to one month in which to respond to your request.
- If access has recently been given, access may not be given until a reasonable time interval has elapsed. What is reasonable depends on the nature of the information, the purposes for which is processed and when it was altered or added to.
- There is no minimum age for applications. Children can apply for their own records provided

they are capable of understanding the nature of the request.

- A parent or guardian can only apply on the child's behalf if (a) the child has given consent (b) the child is too young to have the understanding to make the request. Please note that a parent does not have a legal right of access to their child's health records.
- **We can only supply RJAH records to you.**

*Full details of the legislation can be obtained from the
Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF
<http://www.ico.gov.uk>*

Please return your completed form to:-

**Medico-Legal Administrator
Governance Department
The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust
OSWESTRY
Shropshire SY10 7AG**

**If you need any help or advice in completing this form,
please call on 01691 404553 (for paper based records only)
or 01691 404137 (for radiology records only).**